

STATE PLAN UNDER TITLE XIX
OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WISCONSIN

Citation

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

42 CFR
430.10

Department of Health and Family Services
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official insurances of the Department.

TN No. 96-024

Supersedes

TN No. 91-0022

Approval Date 12/4/96

Effective Date 7/1/96

HCFA ID: 7982E

PA08012.AD/SP

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation

42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The _____

Department of Health and Family Services is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN #96-024
Supersedes
TN #78-0030

Approval Date 12/4/96

Effective Date 7/1/96

PA08012.AD/SP

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State

Wisconsin

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

☐ Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # _____
Supersedes
TN # 78-0030

Approval Date 11/19/79

Effective Date 12/31/78

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

☐ Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

☐ Not applicable. Waivers are no longer in effect.

☒ Not applicable. No waivers have ever been granted.

TN # _____
Supersedes
TN # 78-0030

Approval Date 1/19/79

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation

42 CFR 431.10
AT-79-29

1.1(d) ☐ The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

☒ Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN # _____
Supersedes _____
TN # 78-0030

Approval Date 1/19/79

Effective Date 12/31/78

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
42 CFR 431.10
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

TN # _____
Supersedes

TN # 78-0030

Approval Date 1/19/79

Effective Date 12/31/78

Revision: HCFA-AT-80-36 (BFP)
May 22, 1980

State: Wisconsin

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
 - (b) Within the State agency, the Division of Health Care Financing has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
 - (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
 - (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
- ☒ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN #98-016
Supersedes
TN #77-52

CH12002.AM/SP

Approval Date 3/1/99

Effective Date 10-1-98

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation

42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

☒ The plan is State administered.

☐ The plan is administered by the political subdivisions of the State and is mandatory on them.

TN #
Supersedes
TN # 77-52

Approval Date 11/10/77

Effective Date 7/1/77

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WisconsinCitation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

- X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

1902(a)(73)
SSATribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of the Indian Health Service (IHS), including programs operated by Indian tribes under P.L. 93-638, and Urban Indian Organizations concerning Medicaid matters having a direct impact on these IHS and Urban Indian Organizations. Please indicate below whether the State, as part of its consultation process, appoints an advisory committee or appoints a designee of the IHS and Urban Indian Organizations to the State medical care advisory committee, both of these, or something else.

- ☐ State appoints a tribal advisory committee.
- ☐ State appoints a designee of the IHS and Urban Indian Organizations to the State medical care advisory committee.

☒ Other. Specify:

Wisconsin Department of Health Services staff will meet with tribal Health Directors and designees of Indian Health Service and Urban Indian Organizations during the last month in each quarter to discuss state plan amendments before they are submitted to CMS. A Consultation Implementation Plan is maintained which documents what the State and the tribes have agreed to do for the next period.

- ☐ Not applicable because the State does not have at least one Indian Health Program or Urban Indian Organization furnishing health care services.

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: _____

WISCONSIN

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-018
 Supersedes
 TN No. NEW

Approval Date 7/7/94

Effective Date 10-1-94

Revision: HCFA-PM-94-3 (MB)

APRIL 1994

State/Territory: WISCONSINCitation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993, to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

 X State Medicaid Agency X State Public Health Agency

The Bureau of Health Care Financing, which administers the Medical Assistance Program, and the Bureau of Public Health, which is the primary public health agency, are both bureaus of the Division of Health within the Department of Health and Family Services. As such, they cooperate on the vaccine program. Therefore, both boxes of 4 above have been checked.

TN No. 96-024

Supersedes

TN No. 94-018

Approval Date 12/4/96Effective Date 7/1/96

PA08012.AD/SP

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: Wisconsin

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No. 91- 0029

Supersedes

TN No. 76-41

Approval Date 12/9/91

Effective Date October 1, 1991

HCFA ID: 7982E

WISCONSIN MEDICAID STATE PLAN

State Plan Definition of HMO

11

Revision: HCFA-PM- (MB)

State/Territory: Wisconsin

Citation

42 CFR

435.914

1902(a)(34)
of the Act

2.1(b) (1)

Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2)

For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

1902(a)(47) and

X (3)

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

TN # 03-008

Supersedes

TN # 93-009

Approval Date 11/07/03

Effective Date 07/01/03

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.

State/Territory: Wisconsin

Citation

1902(a)(55)
of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 92-0028

Supersedes

TN No. NEW

Approval Date

11/3/92

Effective Date 9/8/92

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: Wisconsin

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in
ATTACHMENT 2.2-A.

- ☐ Mandatory categorically needy and other required special groups only.
- ☐ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- ☐ Mandatory categorically needy, other required special groups, and specified optional groups.
- ☒ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 91-0029

Supersedes

TN No. 87-0009

Approval Date

12/9/91

Effective Date October 1, 1991

HCFA ID: 7982E

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Wisconsin

Citation

435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. 87-0009
Supersedes
TN No. 86-0030

Approval Date 7-31-87

Effective Date 4/1/87

HCFA ID: 1006P/00105

Revision: HCFA-PK-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Wisconsin

Citation

42 CFR 435.530(b)

42 CFR 435.531

AT-78-90

AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. 87-0009

Supersedes

TN No. _____

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HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State: Wisconsin

Citation
42 CFR
435.121,
435.540(b)
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.1³.b. of ATTACHMENT 2.2-A of this plan.

*for PM
92-3*

TN No. 91-0029

Supersedes

TN No. 87-0009

Approval Date

12/9/91

Effective Date October 1, 1991

HCFA ID: 7982E

State: Wisconsin

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and *435.130 per PM 392* (a)
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

The financial eligibility conditions for
Medicaid-only eligibility groups and for
persons deemed to be cash assistance
recipients are described in ATTACHMENT 2.6-A.

TN No 92-0015

Supersedes

Approval Date

7/29/92

Effective Date

4/1/92

TN No. 91-0029

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: WISCONSIN

Citation

2.7

Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 86-0030
Supersedes
TN NO. 82-0104

Approval Date 1-23-87

Effective Date 10-1-86

HCFA ID:0053C/0061E

State/Territory: Wisconsin

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation3.1 Amount, Duration, and Scope of Services

42 CFR Part 440, Subpart B and Parts 431, 440, 441, 442, and 483; sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929 and 1933 of the Act; and section 245A(h) of the Immigration and Nationality Act.

- (a) Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245A(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

(1) Categorically needy.

Services for the categorically needy are described below and in Attachment 3.1-A. These services include:

1902(a)(10)(A) and 1905(a) of the Act

- (i) Each item or services listed in section 1905(a)(1) through (5) and (21) of the Act, is provide das defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

 / Not applicable. Nurse-midwives are not authorized to practice in this State.

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: WISCONSIN

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

1902(e)(5) of
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

X (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10)(F)(VII) *Per 93-93*
clause (VII) *CRSL*
(6/93)

~~in of the matter~~
~~following (E)(F)~~
~~of the Act~~

per PM92-4
issued Aug. 1992

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and ~~1902(a)(10)(A)(ii)(IX) of the Act.~~

OK
Should not
be crossed out
4/13/93 MNP

Conversation with Lucille Rinaldo

TN No. 91-0023

Supersedes
TN No. 90-0015

Approval Date

1/16/92

Effective Date 10/1/91

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: WISCONSIN

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

- | | | |
|---------------------------------|-------------------|---|
| 1901(a)(10)(D) | (vi) | Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan. |
| 1902(e)(7) of the Act | (vii) | Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. |
| 1902(e)(9) of the Act | <u>X</u> (viii) | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan. |
| 1902(a)(52) and 1925 of the Act | (ix) | Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan. |
| 1905(a)(23) and 1929 | <u> </u> (x) | Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A. |

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-001

Supersedes

TN No. 91-0023

Approval Date 4/29/93

Effective Date 1/1/93

State of WisconsinCitation

3.1(a)(1)

Amount, Duration, and Scope of Services:
Categorically Needy (Continued)1905(a)(26)
and 1934X Program of All-Inclusive Care for the Elderly
(PACE) services, as described and limited in
Supplement 2 to Attachment 2.2-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to categorically needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to categorically needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

State of Wisconsin

1915(j) Self-Directed Personal Assistance Services

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)
1915(j)
☒ Self-Directed Personal Assistance Services, as described and limited in Supplement 2
to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies medical and remedial services provided to the categorically needy.

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: WISCONSIN

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.
Subpart B

☒ This State plan covers the medically needy.
The services described below and in ATTACHMENT
3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)
of the Act

42 CFR 440.220

- (i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medical needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440. Subpart A and in sect. 1902, 1905, and 1915 of the Act.
- ☐ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
the Act

- (ii) Prenatal care and delivery services for pregnant women.

TN No. 91-0024

Supersedes

TN No. 87-0014

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12/9/91

Effective Date 10/1/91

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

State/Territory: WISCONSIN

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

☒ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

☐ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

☒ (vii) Services in an institution for mental diseases for individuals over age 65..

☒ (viii) Services in an intermediate care facility for the mentally retarded.

☒ (ix) Inpatient psychiatric services for individual under age 21.

42 CFR 440.140,
440.150, 440.160
Subpart B,
442.441,
Subpart C

1902(a)(20)
and (21) of the Act

1902(a)(10)(C) per

PM 92-4

issued Aug 1992.

PM 91-4
CRSL-3192

TN No. 91-0024

Supersedes

TN No. 89-0012

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Revision: HCFA-PM-93- 5 (MB)
MAY 1993

State: WISCONSIN

Citation

3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

1902(e)(9) of
Act

X (x) Respiratory care services are
provided to ventilator dependent
individuals as indicated in item 3.1(h)
of this plan.

1905(a)(23)
and 1929 of the Act

— (xi) Home and Community Care for
Functionally Disabled Elderly
Individuals, as defined, described and
limited in Supplement 2 to Attachment
3.1-A and Appendices A-G to Supplement 2
to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-022

Supersedes

TN No. 93-001

Approval Date

7/15/93

Effective Date

4/1/93

State of Wisconsin

<u>Citation</u>	3.1(a)(2)	<u>Amount, Duration, and Scope of Services:</u> <u>Medically Needy (Continued)</u>
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1905(a)(26)
and 1934

X Program of All-Inclusive Care for the Elderly
(PACE) services, as described and limited in
Supplement 2 to Attachment 2.2-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

State of Wisconsin

1915(j) Self-Directed Personal Assistance Services

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)
1915(j)

☒ Self-Directed Personal Assistance Services, as described and limited in Supplement 2 to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies medical and remedial services provided to each covered group of the medically needy.

Revision: HCFA-PM-97-3 (CMSO)
December 1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

<u>Citation</u>	<u>3.1 Amount, Duration, and Scope of Services (continued)</u>
1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act	(a)(3) <u>Other Required Special Groups: Qualified Medicare Beneficiaries</u> Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.
1902(a)(10)(E)(ii) and 1905(s) of the Act	(a)(4)(i) <u>Other Required Special Groups: Qualified Disabled and Working Individuals</u> Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act	(ii) <u>Other Required Special Groups: Specified Low-Income Medicare Beneficiaries</u> Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10)(E)(iv)(I), 1905(p)(3)(A)(ii), and 1933 of the Act	(iii) <u>Other Required Special Groups: Qualifying Individuals - 1</u> Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

Revision: HCFA-PM-97-3 (CMSO)
December 1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

1902(a)(10)(E)(iv)(II),
1905(p)(3)(A)(iv)(II), and
1905(p)(3) of the Act

(iv) Other Required Special Groups: Qualifying
Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

(a)(5)

Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

State: WISCONSIN

<u>Citation</u>	3.1(a)(6)	<u>Amount, Duration, and Scope of Services:</u> <u>Limited Coverage for Certain Aliens (continued)</u>
1902(a) and 1903(v) of the Act	(iii)	Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.
1903(v)(2)(c) of the Act	(iv)	<u>Non-coverage of Organ Transplant Care and Services for Undocumented Aliens</u> Care and services related to an organ transplant procedure are not covered for an alien who is not lawfully admitted for permanent residence in the United States or otherwise permanently residing in the United States under color of law.
1905(a)(9) of the Act	(a)(7)	<u>Homeless Individuals</u> Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.
1902(a)(47) and 1920 of the Act	<input checked="" type="checkbox"/> (a)(8)	<u>Presumptively Eligible Pregnant Women</u> Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.
42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act	(a)(9)	<u>EPSDT Services</u> The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

Revision: HCFA-PM-91-
1991

(BPD)

OMB No.: 0938-

State: WisconsinCitation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT
Services (continued)42 CFR 441.60 /X/ The Medicaid agency has in effect agreements with continuing care
providers. Described below are the methods employed to assure the
providers' compliance with their agreements.**42 CFR 440.240 (a)(10) Comparability of Services
and 440.2501902(a) and 1902
(a)(10), 1902(a)(52),
1903(v), 1915(g),
1925(b)(4), and 1932
of the Act Except for those items or services for which sections
1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the
Act, 42 CFR 440.250, and section 245A of the
Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- / / (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

** Describe here.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. EQRO and Medicaid staff conduct quality reviews to document the accuracy and integrity of encounter data submitted.

TN # 03-008
Supersedes
TN # 91-0025Approval Date 11/07/03
07/01/03Effective Date 07/01/03

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

(1) Home health services are provided to all categorically needy individuals 21 years of age or over.

(2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

☒ Yes, to all

☐ Yes, to individuals age 21 or over; SNF services are provided

☐ Yes, to individuals under age 21; SNF services are provided

☐ No; SNF services are not provided

☐ Not applicable; the medically needy are not included under this plan

TN # _____
Supersedes
TN # 80-0052

Approval Date 5/2/80

Effective Date 1/1/80

Revision: HCFA-PM-93- (BPD)

State/Territory: Wisconsin

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (1).

TN No. 93-048

Supersedes

Approval Date 1/31/94

Effective Date 10/1/93

TN No. 91-0025

Rec'd. H. H. 12-15-93

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

TN # _____
Supersedes
TN # 76-44

Approval Date 2/18/77

Effective Date 10/1/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation

42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # _____
Supersedes
TN # 76-44

Approval Date 2/18/77

Effective Date 10/1/76

Revision: HCFA-PM-87-5 (BERC)
APRIL 1987

OMB No.: 0938-0193

State/Territory: WISCONSIN

Citation

42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 87-0008
Supersedes
TN No. _____

Approval Date 7-31-87

Effective Date 4-1-87

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: WISCONSIN

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

☒ 30 consecutive days;

☐ _____ days (the maximum number of inpatient days allowed under the State plan);

- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

☒ Yes. The requirements of section 1902(e)(9) of the Act are met.

☐ Not applicable. These services are not included in the plan.

TN No. 89-0012
Supersedes
TN No. 87-1008

Approval Date 11/3/89

Effective Date 8-9-89

HCFA ID: 1008P/0011P

Substitute Page submitted on 10-30-89 by State

28 (a)

Revision: HCFA-PM-91-1991 (MB)

State/Territory: WisconsinCitation

1905(a)(24) and
1930 of the Act
P.L. 101-508
(Section 4712
OBRA 90)

3.1(1)

Community supported living
arrangements services

Community supported living
arrangements services
provided to developmentally disabled
individuals in accordance with section
1930 of the Act.

☐ Yes.☒ No.

Attachment 3.1-F identifies the
community supported living arrangements
services provided.

TN No. 96-016
Supersedes
TN No. 92-003

Approval Date 8/2/96

Effective Date 4-1-96

CH07126.AB/SP

Revision: HCFA-PM-93-5 (MB)
MAY 1993

State: WISCONSIN

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

X Part A X Part B

— The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. 93-022

Supersedes

TN No. 93-009

Approval Date

7/15/93

Effective Date 1/1/93

Revision: HCFA-PM-97-3 (CMSO)
December 1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

Citation

1902(a) (10) (E) (ii)
and 1905(s) of the Act

(ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a) (10) (E) (iii)
and 1905(p) (3) (A) (ii)
of the Act

(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a) (10) (E) (iv) (I),
1905(p) (3) (A) (ii), and
1933 of the Act

(iv) Qualifying Individual-1
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a) (10) (E) (iv) (I) and subject to 1933 of the Act.

Revision: HCFA-PM-93-2 (MB)
March 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

Citation

1843(b) and 1905(a)
of the Act and 42
CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

X Individuals receiving title II or Railroad Retirement benefits.

 Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

 The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: WISCONSIN

Citation

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B
describes the methods and standards for
establishing payment rates for services
covered under Medicare, and/or the
methodology for payment of Medicare
deductible and coinsurance amounts, to the
extent available for each of the following
groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for QMBs
(subject to any nominal Medicaid
copayment) for all services
available under Medicare.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for
Medicaid services also covered under
Medicare and furnished to recipients
entitled to Medicare (subject to any
nominal Medicaid copayment). For
services furnished to individuals
who are described in section
3.2(a)(1)(iv), payment is made as
follows:

42 CFR 431.625

X For the entire range of
services available under
Medicare Part B.

Only for the amount, duration,
and scope of services otherwise
available under this plan.

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for all services
available under Medicare and pays
for all Medicaid services furnished
to individuals eligible both as QMBs
and categorically or medically needy
(subject to any nominal Medicaid
copayment).

TN No. 93-009

Supersedes

TN No. 91-0025

Approval Date

4/29/93

Effective Date 1-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Citation	Condition or Requirement
1906 of the Act	<p>(c) <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</u></p> <p>The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.</p> <p>When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).</p>
1906A of the Act	<p>(c)-1 <input checked="" type="checkbox"/> <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</u></p> <p>The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan, as specified in the qualified employer-sponsored coverage, without regard to limitations specified in section 1916 or section 1916A of the Act, for eligible individuals under age 19 who have access to and elect to enroll in such coverage. The eligible individual is entitled to services covered by the State plan which are not included in the employer-sponsored coverage. For qualified employer-sponsored coverage, the employer must contribute at least 40 percent of the premium cost.</p> <p>When coverage for eligible family members under age 19 is not possible unless an ineligible parent enrolls, the Medicaid agency pays premiums for enrollment of the ineligible parent, and, at the parent's option, other ineligible family members. The agency also pays deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan for the ineligible parent.</p>
1902(a)(10)(F) of the Act	<p>(d) <input type="checkbox"/> The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.</p>

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
42 CFR 441.101,
42 CFR 431.620(c)
and (d)
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years
of age or older who are patients in
institutions for mental diseases.

☒ Yes. The requirements of 42 CFR Part 441,
Subpart C, and 42 CFR 431.620(c) and (d)
are met.

☐ Not applicable. Medicaid is not provided
to aged individuals in such institutions
under this plan.

TN #
Supersedes
TN # 76-44

Approval Date 2/18/77

Effective Date 10/1/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
42 CFR 441.252
AT-78-99

3.4 Special Requirements Applicable to
Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F
are met.

TN # _____
Supersedes
TN # 79-0033

Approval Date 3/30/79

Effective Date 3/8/79

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

State: WISCONSIN

Citation
1902(a)(52)
and 1925 of
the Act

3.5

Families Receiving Extended Medicaid Benefits

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

- (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--

☒ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

☐ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:

☐ Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Medical or remedial care provided by licensed practitioners.

☐ Home health services.

Wisconsin provides these services under its approved Welfare Reform Waiver

TN No. 91-0025

Supersedes 89-0013

TN No. 89-0013

Approval Date 1/16/92

Effective Date 10/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: WISCONSIN

Citation

3.5

Families Receiving Extended Medicaid Benefits
(Continued)

- ☐ Private duty nursing services.
- ☐ Physical therapy and related services.
- ☐ Other diagnostic, screening, preventive, and rehabilitation services.
- ☐ Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- ☐ Intermediate care facility services for the mentally retarded.
- ☐ Inpatient psychiatric services for individuals under age 21.
- ☐ Hospice services.
- ☐ Respiratory care services.
- ☐ Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-0025

Supersedes

TN No. 87-0014

Approval Date

1/16/92

Effective Date 10/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: WISCONSIN

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

- (c) ☐ The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

☐ 1st 6 months ☐ 2nd 6 months

- ☐ The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

☐ 1st 6 mos. ☐ 2nd 6 mos.

- (d) ☐ (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

☐ Enrollment in the family option of an employer's health plan.

☐ Enrollment in the family option of a State employee health plan.

☐ Enrollment in the State health plan for the uninsured.

☐ Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

Wisconsin provides MA services under its approved Welfare Reform Waiver.

TN No. 91-0025

Supersedes

Approval Date

1/16/92

Effective Date

10/1/91

TN No. NEW

HCFA ID: 7982E

Revision: HCFA-Region V
January 1989

31(e)

STATE WISCONSIN

Citation

1902(a)(10)(E)
and 1905(p) of the
Act, P.L. 100-360
(Section 301)
P.L. 100-647
(Section 8434)

3.5 Medicaid for Medicare Cost-Sharing for
Qualified Medicare Beneficiaries

- (a) The Medicaid agency pays the following
Medicare cost sharing expenses for
qualified Medicare beneficiaries
described in section 1905(p) of the Act.
- (1) Premiums under Medicare Part B and,
if applicable, premiums for hospital
insurance under Part A;
 - (2) Deductibles and coinsurance amounts
under Medicare Part A and Part B;
and
 - ☐ (3) Premiums for enrollment in an
eligible HMO.

- (b) The Medicaid agency uses the following
methods to provide cost sharing specified
under item 3.5(a) above:

- ☒ Buy-in agreements with the Secretary
of HHS;
- ☐ Group premium payment arrangements
entered into with the Social
Security Administration;
- ☒ Payment of deductibles and
coinsurance costs;
- ☐ Group premium payment arrangements
entered into with eligible HMOs.

TN No. 89-0013

Supersedes ~~89-0004~~

Approval Date 11/8/89

Effective Date 7-1-89

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: WISCONSIN

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN No. 87-0009
Supersedes
TN No. _____

Approval Date 7-31-87

Effective Date 4-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Wisconsin

Citation
42 CFR 431.202
AT-79-29
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN #
Supersedes
TN # 76-41

Approval Date 3/2/77 Effective Date 10/1/76